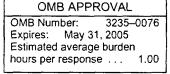
FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D





NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY				
Prefix	Serial			
DATE RE	CEIVED			
	1			

Name of Offering (check if this is an amendment and name has changed, and indicate change.)						
Series C Preferred Stock and the Common Stock issuable upon conversion thereof. 1136937						
File Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 ULOE						
Type of Filing: 🛮 New Filing 🗌 Amendment						
A. BASIC IDENTIFICATION DATA						
1. Enter the information requested about the issuer						
Name of Issuer (check if this is an amendment and name has changed, and indicate change)						
Ipedo, Inc. PROCESSED						
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)						
1001 Marshall Street, Redwood City, CA 94063 JAN 0 7 2003 (650) 306-4009						
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) THOMSON FINANCIAL Telephone Number (Including Area Code)						
Brief Description of Business Development and marketing of computer software for information infrastructure. DEC 2 6 2002						
Type of Business Organization Corporation Dusiness trust Dimited partnership, already formed Dimited partnership, to be formed Other (please specify): 207 FG						
Actual or Estimated Date of Incorporation or Organization: Month Year 0 0 Actual Estimated						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:						
CN for Canada; FN for other foreign jurisdiction) D E						

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC IDENT	IFICATION DATA				
2. Enter the information rec		•					
-		er has been organized with		ition of 109/ or	more of a close of aquity		
	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;						
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner		
Full Name (Last name first, if	•						
Zhang, Nick XiaoI				·			
Business or Residence Address	•	reet, City, State, Zip Code) Redwood City, CA 9406					
Check Box(es) that Apply:	Promoter	Beneficial Owner		□ Director	General and/or		
——————————————————————————————————————				Z Director	Managing Partner		
Full Name (Last name first, if							
Matthews, Timoth							
Business or Residence Address	-	eet, City, State, Zip Code) , Redwood City, CA 9406					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or		
Check Box(es) that Appry.	Fromoter	☐ Belleticiai Owllei	Executive Officer	⊠ Director	Managing Partner		
Full Name (Last name first, if	individual)						
Fonstad, Jennifer				· . ·			
Business or Residence Address		· · · · · · · · · · · · · · · · · · ·					
		Redwood City, CA 9406		(D:	□ C1/		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner		
Full Name (Last name first, if	individual)						
Draper Fisher Jur							
Business or Residence Addres 400 Seaport Court.	•	eet, City, State, Zip Code) ood City, CA 94063					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if	individual)						
Business or Residence Address	s (Number and Str	reet, City, State, Zip Code)					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or		
					Managing Partner		
Full Name (Last name first, if	individual)						
Business or Residence Address	s (Number and Str	reet, City, State, Zip Code)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner		
Full Name (Last name first, if	individual)	٠.					
Business or Residence Address	ss (Number and Str	reet, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if individual)							
Business or Residence Address	Business or Residence Address (Number and Street, City, State, Zip Code)						
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)							

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer Director Check Box(es) that Apply: ☐ Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es) that Apply: ☐ Promoter ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Director Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

					B. INFOR	RMATION	ABOUT O	FFERING					
								<u></u> .				Yes	No
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							\boxtimes					
Answer also in Appendix, Column 2, if filing under ULOE.													
2. What is the minimum investment that will be accepted from any individual?													
								Yes	No				
3.	Does the offe	ring permit	joint own	ership of a	single unit	?			•••••	•••••••	•••••	\boxtimes	
;	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for the broker or dealer only.												
Full 1	Name (Last na NONE	ame first, if	individua)				-					
Busir	ness or Reside	ence Addres	ss (Numbe	r and Stree	et, City, Sta	ite, Zip Cod	e)					-	
Name	e of Associate	d Broker or	r Dealer										
State	s in Which Pe	rson Listed	Has Solic	ited or Int	ends to Sol	icit Purchas	sers	 		<u>-</u>			
	heck "All Sta											☐ Al	l States
[AI	.] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[.I D	1
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[M		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA	-
[R]		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	-
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runn	Name (Last na NONE	ime iirst, ir	individua	1)									
Rusir	ness or Reside	nce Addres	s (Numbe	r and Stree	et City Sta	te Zin Cod	(e)	 	 				
Dusii	icas of reader	aree riddres	ss (rvannoe	and Shee	i, City, bic	ite, zip cou							
Name	e of Associate	d Broker of	r Dealer					· •.			·		
State	s in Which Pe	rson Listed	Has Solic	ited or Int	ends to Sol	icit Purchas	ers						
	heck "All Sta											□ A1	l States
ſΑΙ	.] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	ſΙD	1
[IL		[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MC	-
[M		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[P A	-
[R]		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	
Full 1	Name (Last na												
Busir	ness or Reside	ence Addres	ss (Numbe	r and Stree	et, City, Sta	ate, Zip Cod	le)						
Name	e of Associate	ed Broker of	r Dealer					<u> </u>	·			<u> </u>	
State	s in Which Pa	rson Listed	Has Solio	ited or Int	ends to Sol	icit Purchas	ers	· <u>.</u>					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)							☐ Al	l States					
[AI	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[I D]
[IL	.] [IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MC)]
[M	T] [NE]	[NV]	[NH]	[[LN]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[P A	.]
[R]	[] [SC]	[SD]	[TN]	[TX]	IUTI	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	.1

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0	\$0
	Equity	\$5,000,000.13	\$3,000,000.14
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$0	\$0
	Other (Specify)	\$0	\$ 0
	Total	\$5,000,000.13	\$3,000,000.14
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
	•	Number Investors	Dollar Amount of Purchases
	Accredited Investors	2	\$3,000,000.14
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)	0	\$0
	Answer also in Appendix, Column 4, if filing under ULOE.		Ψ
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering	Type of Security	Dollar Amount Sold
		•	
	Rule 505	N/A	\$
	Regulation A	N/A	\$
	Rule 504	N/A	\$
	Total	N/A	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		3 \$
	Printing and Engraving Costs		_
	Legal Fees.	_	\$15,000.00
	Accounting Fees	_	\$
	Engineering Fees	_	_
	Sales Commissions (specify finder's fees separately)] \$
	Other Expenses (identify)		
	Total		 ☑ \$15,000,00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, 1	NUMBER OF INVESTORS, EXPENSES A	ND USE	OF PROCEE	DS	
	b. Enter the difference between the ag Question 1 and total expenses furnished in re "adjusted gross proceeds to the issuer."	\$ 4,985,000.13				
5.	Indicate below the amount of the adjusted greater for each of the purposes shown. If the amount and check the box to the left of the estimated gross proceeds to the issuer set forth					
				Payments to Officers, Directors, & Affiliates		
	Salaries and fees		□ \$		□ \$	
	Purchase of real estate					
	Purchase, rental or leasing and installati	on of machinery and equipment	□ \$		\$	
	Construction or leasing of plant building	gs and facilities	□ \$		\$	
	Acquisition of other business (including offering that may be used in exchange for issuer pursuant to a merger)	the value of securities involved in this or the assets or securities of another	□ \$		□ \$	
	Repayment of indebtedness		□ \$		s	
	Working capital			· .	\$4,985,000.13	
	Other (specify):					
			S		□ s	
			□ \$		□ \$	
	Total Payments Listed (column totals ac	ided)		C	≤ \$4,985,000.13	
		D. FEDERAL SIGNATURE				
foll	e issuer has duly caused this notice to be sig owing signature constitutes an undertaking by staff, the information furnished by the issuer to	the issuer to furnish to the U.S. Securities and	d Exchange	e Commission	, upon written request of	
Issı	ner (Print or Type)	Signature//	Da	Date		
<u> </u>	do, Inc.	11/1/4	De	cember ,	2002	
	ne or Signer (Print or Type)	Title of Signer (Print or Type)				
Tin	nothy J. Matthews	Secretary				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)